

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee ANTHEM MEDIA INC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 29179.00	
City AUSTIN	State TX	Zip Code 78746	Transaction ID : SE24-0.030137
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171218.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 12869.16	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030117
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171218.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		42048.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>KEITH DAVIS</u>		Date MM / DD / YYYY 08 / 17 / 2012	
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 40000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030118
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171218.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 72170.79	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030122
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171218.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		112170.79	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>KEITH DAVIS</u> <div style="text-align: right;">[Electronically Filed]</div>		Date MM / DD / YYYY 08 / 17 / 2012	

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee NORTH STAR OPINION RESEARCH		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 112 N ALFRED ST		Amount 17000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030135
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171218.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 58583.31	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030125
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	75583.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

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Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 15000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030119
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NORTH STAR OPINION RESEARCH		Date M M / D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 112 N ALFRED ST		Amount 17000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030134
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 23156.00	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030130
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 8000.00	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030129
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	31156.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 21266.23	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030128
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 143005.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 54000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030120
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 141504.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75266.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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KEITH DAVIS

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE		Amount 24588.40	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030123
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 141504.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 17000.00	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030127
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 141504.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	41588.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>			
Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012 </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 21416.47 </div>	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030126 Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 141504.87 </div>			
Full Name (Last, First, Middle Initial) of Payee ROTTERMAN & ASSOCIATES		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012 </div>	
Mailing Address PO BOX 99667		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 5000.00 </div>	
City RALEIGH	State NC	Zip Code 27624	Transaction ID : SE24-0.030133 Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 141504.87 </div>			
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 26416.47 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>KEITH DAVIS</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012 </div>	
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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ROTTERMAN & ASSOCIATES			Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address PO BOX 99667			Amount 11500.00	
City RALEIGH	State NC	Zip Code 27624	Transaction ID : SE24-0.030132	
Purpose of Expenditure MEDIA		Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 141504.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee ROTTERMAN & ASSOCIATES			Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address PO BOX 99667			Amount 8000.00	
City RALEIGH	State NC	Zip Code 27624	Transaction ID : SE24-0.030131	
Purpose of Expenditure MEDIA		Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 141504.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee BRABENDER COX		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 1218 GRANDVIEW AVE		Amount 24100.00	
City PITTSBURGH	State PA	Zip Code 15211	Transaction ID : SE24-0.030138
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178942.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FABRIZIO MCLAUGHLIN AND ASSOCIATES INC		Date MM / DD / YYYY 08 / 17 / 2012	
Mailing Address 915 KING ST 2ND FL		Amount 19500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030136
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178942.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	43600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY
08 / 17 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE			Amount 40000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030121	
Purpose of Expenditure MEDIA		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178942.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 815 SLATERS LANE			Amount 95342.58	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.030124	
Purpose of Expenditure MEDIA		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178942.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	135342.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	634671.94

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2012